Ready to lead?
Developing the skills that drive change
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Introduction

Leading quality improvement is complex and challenging. It requires a broad range of skills and behaviours to bring about the big changes required. I wrote this short series of articles, first published in British Journal of Healthcare Management, as an endeavour to cut through the wealth of published research and learned opinion, to draw out some of the key behaviours, skills, and attributes necessary to successful quality improvement leadership.

It’s by no means an exhaustive list of the aspects or issues that someone new to leading a quality improvement project needs to know, but it is, I believe, a simple, practical and at the same time challenging summary of what makes a good quality improvement leader.

Steven Wilson
Senior Programme Manager
Healthcare Improvement Scotland
I have been fortunate over the years to meet and learn from many influencers in the field of Quality Improvement – from Chief Executives to ward nurses, GPs to social workers, and of course, patients and their families. They have demonstrated to me, time and time again, that active engaged leadership at every level really makes all the difference. In fact, a recent piece of work carried out by the Leading Improvement Team in Scottish Government shows us three principal drivers that are integral to leading for improvement:

- QI leaders support and drive the vision – energising, mobilising and inspiring staff, and transforming their organisation’s quality improvement programmes so they adopt a life of their own and an unstoppable momentum.
- QI leaders create the conditions for quality improvement – empowering staff to be able to influence and make real improvements within their local service environment. Giving staff the permission to test changes, and learn from those tests.
- QI leaders understand and demonstrate the core competencies required for improvement. They are actively engaged in their organisation’s leadership programmes, and truly understand the associated challenges and successes.

It is often tempting to view leadership, whether this is defined as a person or a process, as an individual factor that can influence the success of an improvement programme, alongside other elements of the system such as infrastructure, method, data and so on. However, we mustn’t forget that the role of leadership is in fact integral to all aspects of improving quality. This guide, gives a vibrant, relevant introduction to the everyday challenges facing everyone who is involved with improving the quality of services that we deliver to the people of Scotland.

High performing health care organisations and systems like Intermountain Healthcare, Jonkoping County Council and Salford Royal NHS Foundation Trust share a number of characteristics. These include organisational stability, leadership continuity, and a sustained commitment to quality improvement based on clarity of goals and systematic measurement of progress towards them. This is underpinned by an explicit methodology for bringing about quality improvement, and the provision of training, development and support for staff to enable them to improve care.

Leadership in these organisations and systems is not concentrated in one individual or a small team at the top. Rather it is collective and distributed, located at all levels from the board to the ward, and with a particular emphasis on leadership of the front line teams delivering care to patients. Research has shown that the quality of care and patient experience are strongly influenced by team leaders who create a climate in which staff feel valued and supported and have the time and resources to treat patients as they would wish. These leaders usually come from clinical backgrounds, underlining the critical role of clinical leadership in health care organisations.

Writing about leadership is often surrounded by jargon and theory. Imagine my delight, therefore, when I read Steven Wilson’s series of articles on leading quality improvement which are a model of clarity on this important topic. Steven has succeeded admirably in providing a lucid and entertaining introduction to an important subject that has the huge advantage of leaving the reader wanting to learn more about the issues he discusses. His articles will be read with benefit by readers new to quality improvement as well as those who are already familiar with the subject. Read and enjoy.

Professor Jason Leitch
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The King’s Fund
Quality Improvement Leadership – It’s Child’s Play

Leading quality improvement is complex and challenging. It requires a broad range of skills and behaviours to bring about the big changes required. Looking outside of our normal sphere of experience and activity can give a new perspective to the task. As Quality Improvement (QI) Leaders there is much we can learn from children about creativity, motivation, communication and resilience. This article sets out 7 simple lessons that we can learn from children, and from this suggests the quality improvement skills that are essential to support successful QI leadership.
Introduction

A child’s approach to life is a study in simplicity. They are enthusiastic, eager to learn, and curious about everything. As Quality Improvement (QI) Leaders there is much we can learn from children about creativity, motivation, communication and resilience. I’m not suggesting that we abandon all structure and behave like a group of 4 year olds. But as an exercise in identifying the essential skills required in leading quality improvement, looking to our children provides some illuminating and practical suggestions for reviewing our approach and remembering what’s important.

This article sets out 7 simple lessons that we can learn from children, and from this suggests the quality improvement skills that are essential to support successful QI leadership.

What can children teach us about leading quality improvement?

1. ‘It’s more fun to colour outside the lines’

   Quality Improvement Skills: innovation, imagination, creativity

   Children are naturally creative and self-expressive. They run, play, colour, paint, and dress up with abandon. They are driven by curiosity, willing to take risks and not afraid to be themselves. As adults we lose this joy of creativity or learn habits which stop it from emerging. A ground breaking study by Land and Jarman (1992) measured creativity of 5 year olds at 98%, in adults it was only 2%.

   As adults we often view creativity and practicality as inversely related. Practical ideas are valued because they’re familiar and proven, whilst innovative ideas are seen as risky and uncertain. For successful improvement in the quality of healthcare, QI leaders need to create a compelling vision, become champions for creativity, challenge the status quo, and explore unconventional ways of solving the big improvement problems.

   Innovation is about harnessing the hearts and minds of people within organisations, yet we are often reluctant to use this giant, energetic, untapped resource. Innovation is dependent on staff at all levels having the confidence to try new ideas and be unafraid of mistakes, however we continually judge and reward them based on their ability to mitigate and avoid risk. QI leaders need to nurture innovation, encouraging staff to question what they do, how they do it, why and when. Holding on to our childhood creativity requires continual practice and a supportive environment where innovation and new ideas are valued.

2. ‘Ask why until you understand’

   Quality Improvement Skills: curiosity, critical thinking, listening

   All parents will recognise this trait, it drives us mad at times but you cannot doubt its effectiveness. Children have a natural questioning curiosity. They explore, question, wonder, and by doing so learn. Too often, however, well meaning adults curb their curiosity with caveats and warnings like “curiosity killed the cat.” Unfortunately they usually forget to add the second line of the saying: “but satisfaction brought him back.”

   As QI leaders we sometimes make assumptions, develop stereotypes, and when it comes to using our analytical intelligence, since we think we already know, we often neglect to ask the questions. It isn’t necessarily that we don’t ask enough questions; it’s perhaps that we don’t ask the right questions. We often forget to ask the most simple but effective questions, especially, “why?” and “why not?”

   Coffey et al (1993) identified that effective questions can stimulate, guide, and empower employees to think critically about the improvement processes that they are involved in. Asking thoughtful, well-phrased questions helps us better understand a process or activity, elicit explanations, reinforce or dispel existing knowledge and form opinions. Nobel Prize winner Naguib Mahfouz said “you can tell whether a man is clever by his answers but you can tell whether a man is wise by his questions.” Quality improvement leadership requires the ability to challenge, to question, to doubt and to wonder.
Children are skilled negotiators and most can twist their parents round their little finger. But there is more to it than a cute smile (although this helps a lot). They are intuitively manipulative negotiators who know how to play one parent against the other, use their emotions and push the right buttons. Children can also be extremely persistent negotiators. If they don’t immediately obtain what they want, they ask again and again, and don’t take no for an answer.

We can learn a lot from our children’s negotiation techniques. Quality improvement initiatives require leaders who can facilitate change through negotiation (Varkey et al 2008). Persuasive communication is a vital skill when we need the acceptance, trust or support of others to implement change. In order to promote participation and buy-in, QI leaders need to create a connection, build rapport, and sell the vision—all of which are part of effective negotiation.

If at first they don’t succeed, children will keep trying until they get the desired result. From learning to tie their shoes to figuring out a math’s equation, children will doggedly keep trying until they get it done. They don’t dwell on the past or obsess about what did happen, they move on and up from any setback.

The road to quality improvement can be long and winding. Setbacks are a normal, if difficult, part of the process. Successful QI Leaders understand that translating their vision into reality requires perseverance and resilience. Setbacks should be viewed as opportunities to learn, adapt and progress for the future. QI Leaders have a key role in helping their teams to work through improvement setbacks, and to view their implementation issues in a different or more constructive way. Learning from and building on previous setbacks is particularly important when attempting to spread a successful intervention to a different setting. The lessons learned from these setbacks very frequently inform future success.

7 Lessons for Leading Quality Improvement

1. It’s more fun to colour outside the lines
2. Ask why until you understand
3. If you want a hamster, start out asking for a horse
4. Just keep banging until someone opens the door
5. Tell me a story
6. There’s nothing better than a good friend, except a good friend with chocolate
7. Tomorrow we can eat broccoli, today is for ice cream

3. ‘If you want a hamster, start out asking for a horse’

Quality Improvement Skills: negotiation, persuasion, influence

4. ‘Just keep banging until someone opens the door’

Quality Improvement Skills: perseverance, persistence, resilience

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5. ‘Tell me a story’

Quality Improvement Skills: motivation, enthusiasm, communication.

Children have an innate love of stories. Good storytelling can capture a child and pull him or her in to a world of imagination. A child not only listens to the story, they experience the story. They are encouraged to listen, think, create and understand. Stories can bring magic and a sense of wonder in children.

It’s no different for adults in the workplace. According to Harvard University professor, Dr Howard Gardner, “storytelling is the single most powerful tool in a leader’s toolkit”. Stories captivate the audience, reaching both their head and their heart, getting them to feel as well as think. By connecting with people emotionally, storytelling opens a conduit through which key messages, facts and relevant information can flow. We remember these stories, they help change our minds and in doing so change our behaviours. Harvard Professor of Leadership John Kotter says that “people change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their feelings”.

“Wake me up when the data is finished” is a common cry at presentations. In the world of quality improvement we often rely on statistics, facts and rhetoric to persuade and motivate the audience. Unfortunately the majority of people will simply tune out when the speaker drones on about data item after data item. However storytelling can enable articulation of the emotional aspects as well as the factual content, allowing expression of tacit knowledge. It’s that inner connection where messages can resonate with a mental or emotional picture that has the potential to engage people and change behaviour. As articulated by Donald Berwick when he was leading the Institute for Healthcare Improvement “the value of storytelling in healthcare is immense and virtually untapped”.

6. ‘There’s nothing better than a good friend, except a good friend with chocolate’

Quality Improvement Skills: relationship building and networking.

Children are great at making friends. They know the value of caring, sharing, trust and respect. Like adults, children reject people who they perceive to be aggressive, disruptive, domineering or dishonest (Carlson et al 1984).

As quality improvement becomes more complex, QI leaders increasingly rely on their interpersonal and relational skills to bring about the changes involved. A study by the Health Foundation (Health Foundation 2011) indicates that interpersonal behaviours, focusing on the quality of relationships between people in the system, are one of the most important skills in how healthcare leaders bring about improvement. Developing, maintaining and using alliances are at the heart of quality improvement. QI leaders who are skilled in relationship building have access to people, information and resources to help solve problems and create opportunities. It will be important for the future that engagement and relationship behaviours are effectively embedded into leadership development activities alongside the more technical QI skills.

Key Points

- Quality improvement leadership is composed of actions, ideas, emotions and enthusiasm that work together in an interconnected system.
- Quality improvement leaders who are skilled in relationship building have access to people, information and resources to help solve problems and create opportunities.
- Quality improvement leadership requires the ability to challenge, to question, to doubt and to wonder.
7. ‘Tomorrow we can eat broccoli, today is for ice cream’

Quality Improvement Skills: have fun and celebrate success

Kids live in the moment, they don’t do delayed gratification. When something goes well they enjoy it and want to share their success with everyone.

It’s good to celebrate. Celebrating our successes builds morale, empowers staff and helps create a strong quality improvement culture. We’re often too busy with planning the next stage of the project to stop and recognise the hard work and achievements that have been accomplished. Some people view this as unnecessary cheerleading and will try to play down its importance but we should not underestimate the motivational impact and value of celebrating success.

A celebration can give closure on the milestones you’ve been working toward and provide the encouragement to see the project through. If celebration, recognition and appreciation are going to be motivating then they shouldn’t be saved till the end of the project. Celebrate early and celebrate often to reward those involved and maintain the momentum.

Conclusions

Leading quality improvement is complex and challenging. It’s not something that can be mastered as a single concept or a tool to be pulled out of the hat when needed. QI leadership is composed of actions, ideas, emotions and enthusiasm that work together in an interconnected system. Sometimes when we’re head down dealing with the day-to-day issues we forget to stop and take stock. Looking outside and reflecting on our actions and behaviours can bring a new perspective to the skills required in leading QI initiatives. As QI Leaders we can learn a lot from children and be more like them in some ways. They remind us of the importance of creativity, curiosity, communication and collaboration. These behaviours and the other skills discussed in this article act as a helpful reminder to what is important in leading successful quality improvement initiatives.
Show and Tell: the power of organisational storytelling

As healthcare managers we regularly need to engage staff, convey information and communicate ideas. Generally speaking there are two ways of doing this (1) we can push information out or (2) we can pull people in through narrative. The first option of visually assaulting the audience one fact filled slide at a time doesn’t work. Let’s face it; data, facts and figures can be dry, boring and immediately forgettable. People aren’t moved into action by bullet points or spreadsheets. To really grab their attention and emotionally connect with the audience we need stories. This article explores organisational storytelling, what is it, how to use it and why it’s essential to inspiring action.
What do we mean by storytelling?

Everything and everyone has a story. Throughout history, we’ve used storytelling to share knowledge, wisdom, and experience. Great stories can challenge, engage, inform and inspire the listener. They create the emotional context people need to locate themselves in a larger experience.

To children, stories bring an imaginative learning experience with countless scenarios and possibilities; they encourage children to listen, think, create and imagine. It is no different for adults. We are dependent on interpreting events and other’s behaviour through the creation and telling of stories. As we get immersed into a story it grabs our attention, tugs at the emotions and draws us in.

Storytelling today plays a significant role in the world of organisations, business and politics and has become a valuable method for engendering culture into an organisation (Denning, 2005). Gaining employee trust is critical to building a healthy internal reputation and opening the lines of engagement with employees (Dowling, 2006). Smart leaders understand the potency of using stories to paint their vision, share ideas and build support. They are skilled at weaving data and information into the telling whilst stirring the listener’s emotions and energy.

Why does storytelling work?

Human brains are hard wired for stories. Throughout history stories have been used to spread innovation and spawn movements. Recent research in the field of neuroscience has shown that stories, and storytelling, have a far stronger emotional impact than information that’s presented quantitatively or through some other emotionless structure (Gottschall 2012). Stories bypass the judgemental prefrontal lobes of the brain, the source of our conscious decision making, and ignite the regions of the brain that process meaning. The emotional reward of a good story makes it easier to remember.

Clearly facts and figures are still important, but they’re insufficient on their own without a compelling narrative (Meisel and Karlawish 2001). Psychologist Jerome Bruner states that “Humans have an inherent readiness or predisposition to organize experience into story form: into viewpoints, characters, intentions, sequential plot structures, and the rest” (Bruner 1990). Bruner’s research has shown that we are 22 times more likely to remember a fact if it’s wrapped in a story (Bruner 1986).

‘We are 22 times more likely to remember a fact if it’s wrapped in a story’
What makes a good story?

Good stories don't just happen. For a story to grab the audience it must engage, inspire and capture their imagination. We need to articulate why the listener should care about the story we're trying to tell. An audience will quickly experience emotional dissonance unless they feel the story is relevant and connects them personally to the premise.

Stories come in all shapes and sizes; they shift and change to fit the situation and the audience. Master storyteller Stephen Denning boils a good story down to 4 key elements: style, truth, preparation and delivery (Denning 2005). For most healthcare managers, time is their scarcest resource so it’s important to make your story short, simple and focused. A good organisational story must be accessible and easily understood by the audience. We are all guilty at times of hiding behind the cloak of knowledge and speaking in jargon and acronyms. An audience will not adopt your idea unless they fully understand it.

To engender trust you must be authentic in your words and express values that you believe in. One note of caution; staff don’t like being played and left feeling manipulated. Insincere leaders will misuse storytelling in an attempt to distract, misdirect or drive their own personal agenda.

Lastly, storytelling is a performance art. It’s all about the preparation and the delivery.

Be aware of your audience’s needs and expectations; an organisational story could either draw your audience in or tune them out. Good storytelling requires a combination of polished practice and natural spontaneity. The best storytellers have an air of relaxed confidence, holding the audience’s interest through articulation, inflection, pauses, and gestures.

Conclusions

Storytelling still suffers from being that thing you did as a child or something you do for fun. However research has shown organisational storytelling to be one of the most effective and influential methods for sharing values, developing trust and building an emotional connection. Emotion is the fast lane to the brain and by tapping into this notion through effective organisational storytelling we can engage the hearts and minds of people and move them to action. Healthcare organisations must create the space for stories and healthcare leaders must harness the power of storytelling to share information, build trust and truly engage staff. Computers remember data, people remember stories.

What makes a good organisational story?

- Be passionate – stories should take us on a journey, get the imagination working and make us curious about what else there is to find out.
- Appeal to emotion - information is easier to digest when it’s seasoned with a bit of humour, empathy, sadness or excitement.
- Make it matter - people need a good reason to believe. They must identify with the story before they can commit to fulfilling its promise.
- Make it flow - setting, person, struggle, resolution are core elements of a good story.
- Keep it simple - avoid jargon and opaque vocabulary that hides the real meaning of your message.
Solving the Persuasion Equation

In the past organisations were extremely hierarchical and rigidly segregated with decision making placed in the hands of the very few at the top. Today’s healthcare organisations are more politically complex and fluid. The organisational structure has been flattened and informal power networks have been created that render the old command and control style of leadership obsolete. Work is now undertaken by cross functional teams made up of people with different functional experiences and abilities, and who often come from different departments in the organisation. To survive and succeed in this new environment, managers must rely on alternative organisational currencies to influence others and get the job done. Persuasion and negotiation are the new tools for connecting with people, getting your message across and changing practice. This article discusses the process of persuasion, its ethical application and the key elements required to solve the persuasion equation.
Persuasion

Persuasion and negotiation lie at the heart of our personal and professional lives. Whether your goal is to convince one person in a face-to-face encounter, influence your staff in a team meeting or sway the entire organisation, the capacity to persuade an audience is crucial to leadership. Effective persuasion can move an audience to understand a position, to accept a belief, or to experience a specific emotion. Managers adept at persuasion will blend evidence and emotion into a persuasive argument that captures an audience and inspires them to action.

Our understanding of persuasion and influence has evolved dramatically from the winning ways of Dale Carnegie (1964) to the recent breakthroughs from neuroscience and behavioural psychology. Persuasion is far more than a method of selling products or closing deals. Persuasion is a learning process that demands compromise and builds outcomes that are in the best interests of all parties. It requires credibility and trust, vividly compelling evidence, emotional connection and strong empathy with your audience.

Persuasion not manipulation

Persuasion is often viewed as a devious ploy; think snake oil and dirty tactics. However persuasion should not be confused with its more devious and deceitful cousin manipulation. Ethical persuasion is firmly about connecting with people, not deceiving them. Messina (2007) defines ethical persuasion as “an attempt through communication to influence knowledge, attitude or behaviour of an audience through presentation of a view that addresses and allows the audience to make voluntary, informed, rational and reflective judgements”. The real difference between persuasion and manipulation lies in the underlying intent and desire to create genuine benefit. Manipulation exploits opportunities to deceive and manipulate others. Such unethical tactics can very quickly damage a manager’s reputation of trust and credibility built up over years.

Experience

Market researchers and ad men have long understood that persuasion is easier and more likely to be successful in a framework of trust and credibility. Without these intrinsic characteristics all the evidence in the world will not help persuade an audience. However we cannot take trust for granted, managers must work to earn and develop trust. Your audience will assess and judge your credibility based on competence (level of expertise and knowledge of the subject) and character (degree of sincerity and trustworthiness). Research evidence shows that messages from expert and/or trustworthy speakers are more likely to change a listener’s attitude or behaviour (Wiener and Mowen 1986). Managers can help an audience make that leap of faith through a display of (i) confidence: both in yourself and your message (Petty et al 2002); (ii) competence: planning, preparation and knowledge of the topic; and (iii) character: honesty, integrity and openness (Bass and Steidlmeier 1999).
Evidence

Accurate, appropriate and easily understood evidence is crucial to building a persuasive argument. Reinard (1998) claims that up to 63% of persuasive success can be attributed to the use of legitimate evidence. However that evidence has to be accurate, relevant and thorough. The principle of “selective-exposure” simply means we select that which we like (Freedman and Sears 1965). Your audience will automatically evaluate everything from their own perspectives and cherry pick the information that supports their own views, values and behaviours. Evidence consistent with your audience’s beliefs will be more persuasive than information that contradicts their existing views. Using the right evidence from the right sources greatly increases the credibility of your message (Sternthal et al 1978). If at all possible try to use examples that are strong in source, age, and representative of your audience. Go beyond what the audience already knows; new information is more likely to be persuasive.

A note of caution however: bombarding an audience with a raft of statistics and numbers is a sure fire way of distracting them from your key message (Kline 1969). There is a balance to be struck between cold Vulcan logic and warm human emotion. A ‘Spock like’ style of emotionless, fact based logic will not cut it with most audiences.

Emotions

There’s an old sales adage that goes ‘facts tell, feelings sell’. In other words, emotions are the key to sparking imagination and influencing behaviour. Recent neuroscience research has demonstrated that emotion consistently trumps logic when it comes to decision making (Bechara et al 2000). The things that people care about will always stir up strong emotions and separating the people from the issue isn’t wise. Painting a vivid picture with stories, metaphors and pictures packs an emotional punch and builds a connection with your audience (Mio et al 1993). This doesn’t mean abandoning facts and figures all together. Moving between analytical and emotional content during a presentation will create contrast and keep the listener(s) interested. It’s not so much the information that is important but the emotional impact of that information.

Empathy

Human beings are hard wired for empathy. The recent discovery of mirror neurons (Green 2008) has revealed the way our brains identify, recognise and react to the emotions of others. At an individual level empathy is the ability to reach outside of oneself and understand where others are coming from. Appeals to empathy and sensitivity create a sense of connection between you and the audience. By creating common ground and articulating shared values and concerns we can build credibility and trust. Once you’ve built this empathetic bridge, the audience will become more receptive to your message. Conversely by dismissing or not validating their concerns your audience will struggle to buy in to the argument.

It is through an emotional connectedness and cooperation that we begin to understand other’s situations, feelings and concerns. Everyone has a different personality, motivation and underlying agenda. To persuade, put yourself in their shoes, find out what’s important to them, what influences their behaviour, and how they make decisions.
Conclusions

As all parents with teenage children will know, persuasion is far more about convincing than coercion. Whether you’re trying to get your ideas across to 1 person, 1 team or 1 hospital real persuasion will only take place when an audience experience the power of an idea for themselves and make that idea their own. In these times of organisational change and uncertainty persuasion is a powerful tool for managers in crafting their message, changing attitudes, and building winning coalitions.

In solving an equation the best approach is always to simplify things and break it down into constituent parts. It’s the same for solving the persuasion equation. Managers can break it down into (i) establishing credibility, competence and knowledge of the subject; (ii) providing accurate, relevant and robust evidence; (iii) tapping into audience emotions through stories, metaphors and pictures; and (iv) building empathy through connecting with people and creating common ground.
The UK’s health services are facing unprecedented economic and social challenges over the next decade. Demand is growing amongst patients and politicians for better access, faster diagnosis, improved outcomes, personalised care. . . the list goes on. Doing more with less requires creativity and innovation. But what is creativity? Why is it important? Why do we fear it? And how can we harness it?
What is creativity?

First things first, creativity is not a physical department. Creativity is thinking and doing differently; differently than we normally would; differently than our peers and coworkers would. For some it means being imaginative or inventive, taking risks or challenging convention. For others it is about original thinking or producing something that nobody has come up with before. Creativity is the ability to generate ideas but it’s innovation that captures these creative ideas and turns them into practical solutions to everyday problems.

When it comes to the health of our population and the tough choices facing healthcare leaders today, we need fresh ideas. Recent guidance from the Department(s) of Health in both Scotland and England sets out a challenging agenda for spreading innovation at pace and scale throughout the health service (NHSScotland 2011, Dept. of Health 2011). We not only need to look for solutions by working together, we need to connect ideas from different fields, focus on creativity and accelerate innovation to drive quality outcomes.

Why do we fear it?

We are continually told we need to ‘think differently about how we provide healthcare’ or that we ‘need to transform services’. Why then, when we suggest something new do we invariably get blank stares, stressed faces or outright rejection? The answer is that people don’t like to feel uncertain; it’s an aversive state that generally we try to escape from. Leaders often dismiss creative ideas in favour of ideas that are purely practical – go with the tried and tested. When faced with instability, imbalance and uncertainty, our instinct is to repair it with order. However the truth is creativity requires a degree of uncertainty; by definition we’re trying to do something that hasn’t been done before. The fast paced, energizing and unpredictable healthcare environment, which often feels like chaos, also provides that essential creative energy required to generate fresh new ideas and improved ways of working. This creativity paradox is one that leadership cannot shy away from.

How can we build the right organisational climate?

Hierarchies are remarkably inefficient when we’re trying to leverage creative ideas and increase their innovation. The chain of command works well for issuing orders and making decisions. It works less well for encouraging creative ideas from the frontline staff. Such ideas have to work their way through a series of directors, managers and team leaders – sometimes referred to as the “hierarchy of no”. Controlling organisations may seek to quash what they see as disruptive new ideas because they represent a threat to management, power structures, established ways of working or organisational culture.

If it’s leadership that facilitates creativity and innovation then it’s the organisational culture that sustains it. Having a supportive creative climate has been linked to increased levels of innovation, motivation, and well-being (Ekvall 1996). Unfortunately there is no simple recipe for systemic creativity. There is however a growing body of evidence that suggest certain key ingredients are conducive to cultivating a creative workplace.

Organisational Enablers of Creativity

- Promote a culture that values creative experimentation
- Provide resources to new initiatives
- Encourage experimental attitudes
- Provide the freedom to fail
- Ensure that new ideas are not killed
- Encourage appropriate risk taking and questioning
- Minimize administrative interference in new initiatives and ideas
- Free up the creative process from surveillance and evaluation
What can leadership do to drive creativity?

Creativity does not just happen; it cannot be mandated by senior management. It requires nurturing, encouragement and ongoing support. The challenge of helping people to live up to their creative potential requires an array of leadership skills and a supportive, enabling environment. Mumford and Gustafson (1988) have shown that leadership is perhaps the most influencing factor for employee creativity and innovative performance. Indeed, research studies have shown that 20 to 67 percent of the variance on measures of the climate for creativity in organisations is directly attributable to leadership behaviour (Scott and Bruce 1994).

Leaders influence creative behaviours both through their deliberate actions aiming to stimulate idea generation and application as well as by their general daily behaviour (De Jong and Den Hartog 2007). Technology, culture, and strategy are necessary and contribute to supporting creativity. However, for any of these vital aspects to bring any real benefit, leadership must support, sustain, encourage, and inspire staff to make it work (Agbor 2008). Experience shows that people will be most creative when they feel motivated by interest, enjoyment, satisfaction and challenge of the job. Leaders must use the skills of networking, coaching and facilitation for creativity and innovation that are both empowering and inspirational.

Several research studies have identified a range of leadership behaviours that enhance employee creativity and innovation. These behaviours include encouragement of risk taking, an open style of communication, participative and collaborative style, giving autonomy and freedom, support for innovation (verbal and enacted) and constructive feedback (Paterson et al 2009). Clinical leaders have a key role to play in innovation and change (Stanley 2012). They must be visible, effective communicators who can influence their clinical colleagues and act as role models for idea generation and application behaviour (De Jong and Den Hartog 2007).

Conclusions

In healthcare we face a big challenge in maintaining the great improvements in quality and safety of patient care against a gloomy backdrop of frozen budgets and staff cuts. It is widely accepted that more of the same will not do and we need to make creativity and innovation a priority. To help those with good ideas flourish and translate creativity into practical improvements leaders need to motivate to innovate. It’s time to reinvent the staff suggestion box for the 21st century, encourage openness to new ideas, promote divergent thinking and remove the barriers to organisational creativity.
Effective Leadership: more questions than answers

There’s a common myth that says to be a successful leader you must have all the answers. It’s true that an ability to solve problems quickly and decisively is essential for effective leadership but when we neglect to ask for input then we get the right answer to the wrong question. Too often we find ourselves rushing to provide a ready answer or short term solution rather than pausing and taking time to form the right question. Peter Drucker (2007), arguably the most influential management thinker of the last century, is quoted as saying “the most serious mistakes are not being made as a result of wrong answers; the true dangerous thing is asking the wrong question.” The most effective leaders have an open mind, intense curiosity and a skill of asking the right questions. This article briefly explores the power of questions, what makes an effective question, and how leaders can use questions to challenge assumptions, generate knowledge and empower staff.
The Power of Questions

In leadership, when it comes to engaging staff, we often rely more on telling and suggesting rather than advising and questioning. Harvard Professor David Perkins (2003) identified 3 main problems with what he calls ‘answer-based leadership’: (i) it doesn’t support the goal of staff motivation; (ii) it doesn’t promote collective growth, and most importantly (iii) leaders do not and cannot have all the answers. However by taking a questioning or inquiry led approach to leadership we can tap into an individual’s knowledge and experience and encourage them to discover and develop their own solutions.

By using purposeful questions that come from constructive challenge and curiosity we can jolt staff out of complacency and stimulate conversation. These questions are catalysts for interaction, productive reflection and learning. They encourage breakthrough thinking and typically lead to discoveries and understanding.

We live in a results driven culture with an education system that encourages learning by rote rather than through inquiry, investigation and critical thinking. Questioning skills are essential in all walks of life but particularly important for those in leadership roles. All staff should be encouraged and supported to develop their questioning skills, improve their questions and use them to guide their own learning.

What makes a powerful question?

Questions come in all shapes and sizes; diagnostic, comparative, probing, reflective, hypothetical etc. A good question can test assumptions and challenge the status quo but a powerful question can stop people in their tracks and make them think. We all know and recognise a powerful question when we hear one.

A powerful question that guides inquiry and deepens our understanding should be generative (takes us somewhere) and genuine (something we care about). The challenge is to frame your questions in the spirit of learning. Use open questions that promote progress and possibilities. Focus your questions on the practices and processes rather than on the individual.

Some managers will use leading questions as a way to exert pressure and reinforce their own entrenched beliefs or biases. It’s important to avoid assumptions or pre-judgements in your questions that could distort, twist or influence the answer. The powerful question should be simple, clear and penetrating.

Attributes of a Powerful Question

- Simple, clear and brief
- Grabs attention
- Open-ended and non threatening
- Focused on the solution and not the problem
- Requires thought and encourages reflection
- Stimulates more questions

Simple but Powerful Questions

- What do you think?
- What are we missing?
- How would it be different if...?
- Suppose that...?
- What would change if...?
Build a Questioning Culture

As a healthcare leader ask yourself this question “how much time do I spend focusing on the right answer rather than crafting with the right question?” Successful leaders understand they have blind-spots or gaps in their knowledge that can get in the way of making informed decisions; they acknowledge and recognise that others can help them see what they do not. The most effective of these leaders intentionally seek opportunities to engage their staff and stakeholders in conversations that are driven by purposeful, well-focused questions.

A culture of absent minded nodding and apathetic agreement is unhelpful and potentially dangerous. A questioning culture can energise an organisation (Marquardt 2005). Building an open and transparent organisational culture requires an environment where questioning is not only accepted, it is positively expected. Healthy scepticism and cautious reflection are promoted as positive values rather than markers of criticism or complaint. Starting from the top, management have to model the questioning approach, lead by example and ask open-ended searching questions of their staff. Diversity of thought and expression of opinion must be welcomed without fear of hostility or retribution.

But remember, more questions are not the overall objective here. There is little point asking the powerful question if you’re not listening to and acting on the answer. The ultimate goal is a culture where individuals feel engaged, and their views are welcomed and valued.

Conclusions

In this ever changing healthcare landscape where answers are expected yesterday we run the risk of adopting superficial, short lived solutions to some wicked problems. We’ve become conditioned to provide quick answers, often bypassing any dialogue about the true nature of the issue or challenge. This can result in poor communication, rushed decision making, and the faulty assumptions and beliefs that drive them. It’s crucial that we pause and consider whether the questions we’re asking are producing the results we want.

Opportunities lie in the gaps of the unexplored and questions are the window into clarity and creativity. Take some time to think about your questions; open questions, positive questions, empowering questions. Remember there are no right answers if you’re asking the wrong questions.
Collaborative leadership: it’s good to talk

It’s often said if you want something done right, you have to do it yourself. After all, our society traditionally rewards individual achievement over cooperative effort; we celebrate the great leader as a charismatic heroic figure standing alone taking the tough decisions. Maybe so, but you’d be missing out on one of the greatest resources available to help you advance your agenda – other people. Leadership is changing; the coercive command and control approach with its linear, hierarchical restrictions is being replaced by a more flexible collaborative co-production. This article explores the collaborative approach to leadership; what it is; what it isn’t; where it adds value; and what critical skills and capacities today’s collaborative healthcare leaders should exemplify.
What is collaborative leadership? (And what it isn’t)

The UK healthcare landscape is characterised by a host of complex and seemingly intractable problems and issues. These wicked problems (Raisio 2009) require a different leadership approach that reflects the importance of relationships, interconnections and inter-dependencies. Collaborative leadership is a practical and an effective way to deal with these complex issues and challenges. It’s that complexity that drives the need for collaboration and collaboration which drives the need for shared purpose and mutual trust.

Collaboration is a simple word, but it takes many forms and is often misunderstood or misused. A lot of things are called collaboration when they are really about little more than coaxing, cajoling and compromise. Collaboration author David Chrislip neatly describes collaborative leadership as “leading as a peer, not a superior.” It’s about bringing together people with different views and perspectives, setting aside any narrow self-interests, and discussing issues openly and supportively in an attempt to find ways of helping each other solve a larger problem or achieve broader goals. Collaborative leadership isn’t so much a technique or process but an inclusive culture that seeks to maximize the talents and abilities of your people. Done for the right reasons and in the right way, it can open up possibilities and deliver breakthroughs that traditional leadership models cannot produce.

However collaboration doesn’t mean consensus on everything. It’s not about abdicating responsibility or abandoning your own views. Collaboration loses its value when organisations or individuals think of it as a panacea; the trick is in knowing when to say no to collaboration. Leaders must use a range of styles and approaches so they can be effective in a wide array of situations. There is a time to be collaborative and a time to be directive.

Why should we collaborate?

Traditional leadership models work well in a stable predictable environment, but in today’s health service we need a more open approach that is flexible and quickly adapts to change. Staff are no longer motivated by hierarchical leadership; instead they prefer to work with colleagues from across the organisation to achieve shared goals. Such collaborative efforts necessitate a shift away from the vertical or hierarchical relationships of influence to horizontal power sharing (Avery 1999). The conventional hierarchical organisation with its siloed structure is slowly being replaced with one of systems orientation supported by networks, cross functional teams and communities of learning. Collaborative leadership with its focus on building trust, sharing power and developing people can unlock the potential of the diversity in these networks.

Collaborative leadership is grounded in a belief that all of us together can be smarter, more creative, and more competent than any of us alone. In collaboration, job titles and professional affiliations take a back seat and people derive influence from their knowledge, networks and shared goals. By using the power of influence rather than positional authority leaders can engage and align people, focus their teams and sustain momentum. The success or failure of this approach relies on creating an environment of trust, mutual respect, and shared aspiration in which all can contribute fully and openly to achieving collective goals.

Key Elements of Collaborative Leadership

- Harnesses collective intelligence
- Develops trust and safety
- Maximises talent and resources
- Shares power and influence
- Accelerates innovation
Where are the barriers and how do we overcome them?

Collaborative leadership is fraught with challenges; organisational politics, governance, finance and resource allocation all conspire to act as barriers to implementation. Collaboration can be very time consuming and often conflicts with the traditional structures and person-centric reward systems in use in most healthcare organisations. Other challenges leaders are likely to face include rivalry and disagreement over goals, poor internal communication systems constrained by organisational hierarchy and a history of failed collaborative attempts.

Often the biggest obstacle to managers effectively sharing responsibility and opportunities with others are their own personal beliefs, values and behaviours. Morten Hansen, management professor at the University of California, posits there are a number of deeply rooted individual traits that can act as barriers to collaborative leadership: arrogance, defensiveness, fear, ego and power (Hansen 2009). Hansen acknowledges that these personality traits will be difficult to change in some leaders but reducing these personal barriers through coaching can allow more leaders to take on a collaborative leadership style.

Collaborative leadership requires a mind shift away from the “no one else can do what I do” attitude to “how we can work together on this”. Leaders must bring awareness to the barriers, explore their organisational roots and then tailor solutions to address them. Overcoming these personal and organisational challenges is no easy task. Leaders need to champion a shift in the cultural norms by (i) encouraging collective responsibility (ii) building mutual trust and (iii) rewarding collective accomplishment over individualism. Real collaborative leaders see “connections and possibilities where others might see barriers or limitations” (Linden 2002)

What are the core capacities of the collaborative leader?

Collaborative leadership doesn't come easy to everyone. Research by the Centre for Creative Leadership (2007) showed that 97 percent of senior leaders believed collaboration is essential to success. However, only 30 percent of respondents believed leaders in their organisation are actually skilled in collaboration. Many leaders recoil at the mere thought of making decisions with others, fearing a loss of power and control. More used to leading through unqualified command, the very act of collaborating appears to some as giving up on their own needs. However, the best leaders understand that a successful and sustainable health service hinges on being able to create a sense of mutuality, connectedness and a shared commitment to goals. Healthcare leaders must be equipped to drive the necessary competencies and behaviours for a cultural step-change.

Drawing on in-depth accounts from across the world Tumin and Bratton (2012) identified four key leadership traits that all highly collaborative leaders share. They:

• Focus on authentic leadership; placing the goals of the organisation ahead of their own self-interest and following through on their commitments.
• Relentlessly pursue transparent decision making; making clear how their decisions are made and who is accountable for the outcomes.
• View resources as instruments of action; realising shared goals through the flexible use of shared resources.
• Clarify the relationship between decision rights, accountability and rewards; taking time to establish decision paths and a common vocabulary for successful collaboration.

The best thing a collaborative leader can do is to lead by example. They have to “walk the talk”, and be seen to model the right behaviours. Leaders must show a willingness to experiment and take risks, continually question their own ideas, hear the dissident or disruptive voices and reward staff for their clear communication and valuable insights.
Conclusions

Healthcare leadership is facing a perfect storm. Credibility, trust and reputation are all under fire. Organisations and their leadership must adapt and change now if they are to thrive and survive. In an era of flatter networked organisations and cross cutting teams collaboration allows us to learn, expand and seize opportunities. By breaking down personal and organisational barriers, involving staff in inclusive decision making and forging a shared purpose, leaders can create the conditions for successful collaboration. So identify the opportunities, bring your best talent to the table and empower them to generate results.
Leading Quality Improvement: Resilience, Persistence and Unshakeable Optimism

In every quality improvement (QI) initiative leaders will face challenging problems, changing circumstances, and unforeseen difficulties. What sets the successful leader apart is not their superior intellect or natural ability, it’s the fact that they don’t give up. They stick with an idea or a concept long after the majority have given up and moved onto something easier. As important as what QI leaders do is the fact that they keep doing it. They overcome problems, shrug off setbacks and remain positive. This article explores the much underrated leadership qualities of resilience, persistence and optimism, and explains why these key ingredients are essential to leading a successful quality improvement programme.
Resilience

“Fall seven times, stand up eight” – Japanese Proverb

Failure is an inevitable aspect of operating in a complex and changing world. The numbers speak for themselves: 70% of change initiatives fail (Daft & Noe 2000); 60% of six sigma projects fail (Gupta 2008); 60% of improvement projects fail (Olsson et al 2007). These inevitable failures serve as crucibles in revealing a leader’s true nature - and their ability to bounce back from problems. The resilient leader will rise to such challenges (Walsh 2002) and react to change with innovation and flexibility (Turnipseed 1999).

There are many diverse and overlapping perspectives on resilience and resilient leadership, drawn from different fields. Zolli and Healy (2012) define resilience as “the capacity of a system, enterprise, or a person to maintain its core purpose and integrity in the face of dramatically changed circumstances”. Conner (1998) defines resilient leaders as those who can consistently “operate at a high speed of change” whereas McDargh (2004) contends that resiliency in leadership is “the ability to bounce back from adversity while maintaining personal and corporate integrity”. One common thread that seems to run through all the definitions of resiliency in leadership is that capacity to overcome setbacks and positively meet challenges.

Despite its link to organisational effectiveness (Sutcliffe and Vogus 2003) developing a capacity for resilience remains a vital and largely ignored component of leadership development (Luthans and Avolio 2003). Conner (1998) suggests five personal characteristics that help identify and define the resilient leader’s behaviour; positive; flexible; proactive; focused; and organised. Couto’s (2002) research suggests that a critical characteristic of resilient people is their capacity to improvise solutions to problems even when they may not have the appropriate resources or tools. Resilient leaders are able to thrive in uncertainty, quickly make sense of complex environments, provide creative solutions in ambiguous situations, and help others do the same. They imagine possibilities and see connections in situations where less resilient individuals would be discouraged and disheartened.

Crucial to a leader’s capacity for resilience is how they perceive failure – is it viewed as a temporary setback to be learned from or is it a catastrophic loss? Clearly failure is never the goal for any QI programme but it is arguably one of our most valuable learning tools. Edmondson (2004) argues that “every failure is a learning opportunity, especially small failures” and that leaders are “critical for encouraging and supporting local reflection and communication of lessons learned from failure”. By supporting experimentation, normalising failure (Kliger et al 2012) and adopting a non-punitive culture that supports rapid change (Barnas 2011) leaders can embrace ‘intelligent failure’ (McGrath 2011) and recognise that it is fundamental to the process of organisational learning and sense-making.

Resilient Quality Improvement Leaders

- Look for opportunities in problems
- Are agile and adaptive
- Have a positive attitude
- Understand the importance of failure
- Learn from mistakes
- Act with integrity
- Embrace ambiguity
Persistence

“Success is going from failure to failure without losing enthusiasm” – Winston Churchill

It doesn’t matter how strong your vision, how positive your attitude, or how deep your passion. Without the tenacity or single-mindedness to see things through when the going gets tough you are inevitably going to struggle. Sticking to something in this world of multi-tasking might sound like an alien concept but focussing on the end point and ignoring the ‘shiny objects’ that will always emerge along the way is essential to delivering a successful QI programme.

As early as 1915 Webb identified a correlation between leadership and ‘persistence in overcoming obstacles’. Graves (1985) defines leader persistence as ‘the tendency to hold with one course of action without change’, whilst Scarnati (1998) describes it as ‘sticking to an idea or to a task and riding it out to its logical conclusion’. It’s this ability to absorb uncertainty, ignore the ‘noise’ and keep on going that separates out the best QI leaders. One point of caution however, tenacity and persistence should not be confused with stubbornness and inflexibility. I’m not advocating ‘wilful blindness’ on the part of leadership where we ignore the facts, put our head in the sand and hope that the problems will magically go away. Quite the opposite, it’s important for QI leaders to be always on the front foot, questioning assumptions, anticipating problems and identifying opportunities.

Optimism

“Perpetual Optimism is a Force Multiplier” – General Colin Powell

Quality improvement leaders cast a long shadow; their actions and achievements, successes and failures are closely inspected and interpreted. Remaining positive in the face of such scrutiny can be challenging and the capacity for optimism is essential. Research shows that optimists are more likely to exhibit higher levels of motivation, performance and perseverance in the face of obstacles and difficulties (Alvolio et al 2004). Where pessimists express hesitancy and doubt, optimistic leaders are confident of a positive outcome. Optimism is important not just as a personal coping strategy but as a key ingredient in a leader’s ability to rally people behind a QI initiative. Optimism generates the energy and commitment necessary to achieve results. The good news is optimism can be learned, practiced and developed (Seligman 1998). What’s more optimism is contagious. It’s not something that is limited to a few people as a personality trait, optimism is a choice.

A word of warning: optimism is a double edged sword and it has to be managed. When leaders de-couple optimism from reality problems will ensue. There is a delicate balance between maintaining a positive outlook and remaining grounded in reality. Overly optimistic leaders may have a difficult time confronting the brutal facts or facing the challenges inherent in QI initiatives. Optimism that that doesn’t acknowledge the hard truths leads to failure.

Conclusions

When it comes to quality improvement programmes, difficulties and delays are almost unavoidable. How leaders choose to react and respond, however, is optional. An acceptance that failure is inevitable whilst learning from our mistakes and not repeating them, is the path to improvement and innovation. This is determined in part by the skill set of resilience, persistence and optimism. Having the resolve to see a programme through the inevitable road blocks along the way is essential. The best QI leaders have a can do attitude, and are always positive thinkers. They persist where others resist, bounce back from adversity and display an unshakeable optimism for success.
References


Carnegie D (1964) How to Win Friends and Influence People. Simon and Schuster


Evidence: What’s leadership got to do with it? Exploring links between quality improvement and leadership in the NHS. Health Foundation, January 2011.


Raisio H (2009) Health care reform planners and wicked problems: Is the wickedness of the problems taken seriously or is it even noticed at all? Journal of Health Organization and Management, 23, 477-493


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